

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

## NOTICE OF ALLOWANCE AND FEE(S) DUE

25269

7590

12/12/2007

DYKEMA GOSSETT PLLC FRANKLIN SQUARE, THIRD FLOOR WEST 1300 I STREET, NW WASHINGTON, DC 20005 EXAMINER

ABBOTT, YVONNE RENEE

ART UNIT PAPER NUMBER

3644

**DATE MAILED: 12/12/2007** 

| ſ | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 10/520,509      | 03/21/2005  | Kaj Christensen      | 66905-022-7         | 5474             |

TITLE OF INVENTION: METHOD OF EMPTYING A CONTAINER, AND USE OF THE METHOD

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$720         | \$300               | \$0                  | \$1020           | 03/12/2008 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| naintenance fee notificat                                                                                                              | ons.                                                                                                      |                                                                                                        | Note:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                         | can only be used fo                                                                               | r domestic mailings of the                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDE                                                                                                                    | NCE ADDRESS (Note: Use BI                                                                                 | ock 1 for any change of address)                                                                       | Fee(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | c) Transmittal This certif                                                                                | icate cannot be used for                                                                          | or any other accompanying<br>nt or formal drawing, must                                                                                       |
| 25269                                                                                                                                  | 7590 12/12                                                                                                | /2007                                                                                                  | пич                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | •                                                                                                 |                                                                                                                                               |
| DYKEMA GO                                                                                                                              | SSETT PLLC                                                                                                |                                                                                                        | I he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Certificate<br>reby certify that this Fee(                                                                | e of Mailing or Transi<br>s) Transmittal is being                                                 | mission deposited with the United                                                                                                             |
|                                                                                                                                        | JARE, THIRD FL                                                                                            | OOR WEST                                                                                               | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | es Postal Service with suf                                                                                | ficient postage for firs                                                                          | deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.                                          |
| 1300 I STREET,                                                                                                                         |                                                                                                           | OOK WEST                                                                                               | addı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | essed to the Mail Stop                                                                                    | ISSUE FEE address                                                                                 | above, or being facsimile                                                                                                                     |
| WASHINGTON                                                                                                                             |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sinitica to the COLTO (57                                                                                 | 1) 273 2003, on the di                                                                            | (Depositor's name)                                                                                                                            |
|                                                                                                                                        |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                   | (Signature)                                                                                                                                   |
|                                                                                                                                        |                                                                                                           |                                                                                                        | <u>L</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                   | (Date)                                                                                                                                        |
| APPLICATION NO.                                                                                                                        | FILING DATE                                                                                               |                                                                                                        | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATTO                                                                                                      | RNEY DOCKET NO.                                                                                   | CONFIRMATION NO.                                                                                                                              |
| 10/520,509                                                                                                                             | 03/21/2005                                                                                                |                                                                                                        | Kaj Christensen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | 66905-022-7                                                                                       | 5474                                                                                                                                          |
| TILE OF INVENTION:                                                                                                                     | METHOD OF EMPTY                                                                                           | 'ING A CONTAINER, A                                                                                    | AND USE OF THE METH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OD                                                                                                        |                                                                                                   |                                                                                                                                               |
|                                                                                                                                        |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                   |                                                                                                                                               |
| APPLN. TYPE                                                                                                                            | SMALL ENTITY                                                                                              | ISSUE FEE DUE                                                                                          | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE FEE                                                                                      | TOTAL FEE(S) DUE                                                                                  | DATE DUE                                                                                                                                      |
| nonprovisional                                                                                                                         | YES                                                                                                       | \$720                                                                                                  | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                       | \$1020                                                                                            | 03/12/2008                                                                                                                                    |
| EXAM                                                                                                                                   | NER                                                                                                       | ART UNIT                                                                                               | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                   |                                                                                                                                               |
| ABBOTT, YVC                                                                                                                            |                                                                                                           | 3644                                                                                                   | 119-207000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                   |                                                                                                                                               |
| . Change of corresponde CFR 1.363).                                                                                                    | nce address or indication                                                                                 | n of "Fee Address" (37                                                                                 | 2. For printing on the p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | nevs 1                                                                                            |                                                                                                                                               |
| Change of correspondence PTO/SB                                                                                                        | ondence address (or Cha                                                                                   | inge of Correspondence                                                                                 | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                   |                                                                                                                                               |
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| PTO/SB/47; Rev 03-0<br>Number is required.                                                                                             | cation (or "Fee Address<br>2 or more recent) attacl                                                       | " Indication form<br>ned. Use of a Customer                                                            | 2 registered attorney or a<br>2 registered patent atto<br>listed, no name will be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rneys or agents. If no name printed.                                                                      | ne is 3                                                                                           |                                                                                                                                               |
|                                                                                                                                        |                                                                                                           |                                                                                                        | THE PATENT (print or ty)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                                                                                   |                                                                                                                                               |
| PLEASE NOTE: Unle                                                                                                                      | ess an assignee is ident<br>in 37 CFR 3.11. Com                                                           | ified below, no assigned pletion of this form is NC                                                    | data will appear on the port of the port o | atent. If an assignee is it assignment.                                                                   | dentified below, the d                                                                            | ocument has been filed for                                                                                                                    |
| (A) NAME OF ASSIC                                                                                                                      |                                                                                                           | •                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and STATE OR COUNT                                                                                        |                                                                                                   |                                                                                                                                               |
|                                                                                                                                        |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                   |                                                                                                                                               |
| Please check the appropri                                                                                                              | ate assignee category of                                                                                  | r categories (will not be p                                                                            | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual 🗖 Corporat                                                                                     | ion or other private gro                                                                          | oup entity Government                                                                                                                         |
| a. The following fee(s) a                                                                                                              | are submitted:                                                                                            | 4                                                                                                      | b. Payment of Fec(s): (Plea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ase first reapply any pre                                                                                 | viously paid issue fee                                                                            | shown above)                                                                                                                                  |
| ☐ Issue Fee                                                                                                                            |                                                                                                           |                                                                                                        | A check is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                   |                                                                                                                                               |
|                                                                                                                                        | o small entity discount                                                                                   |                                                                                                        | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                   |                                                                                                                                               |
| ☐ Advance Order - #                                                                                                                    | of Copies                                                                                                 | ·                                                                                                      | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                   |                                                                                                                                               |
| Change in Entity Stat                                                                                                                  | us (from status indicates SMALL ENTITY stat                                                               |                                                                                                        | Dh Annlianni in no lea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ger claiming SMALL EN                                                                                     | TITV status See 27 C                                                                              | ED 1 27(a)(2)                                                                                                                                 |
| • •                                                                                                                                    |                                                                                                           |                                                                                                        | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                   | ne assignee or other party in                                                                                                                 |
| nterest as shown by the r                                                                                                              | ecords of the United Sta                                                                                  | ates Patent and Trademar                                                                               | k Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                   |                                                                                                                                               |
| Authorized Signature                                                                                                                   |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                      |                                                                                                   | ····                                                                                                                                          |
|                                                                                                                                        |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                   |                                                                                                                                               |
| n application. Confident<br>ubmitting the completed<br>his form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | iality is governed by 33 application form to thoons for reducing this building a 22313-1450. DOI 13-1450. | 6 U.S.C. 122 and 37 CFR<br>e USPTO. Time will var<br>irden, should be sent to to<br>D NOT SEND FEES OR | on is required to obtain or 1.14. This collection is es y depending upon the indine Chief Information Offic COMPLETED FORMS Tops of the condition of the condit | timated to take 12 minute<br>vidual case. Any commen<br>or, U.S. Patent and Trader<br>O THIS ADDRESS. SEN | s to complete, includir<br>ts on the amount of the<br>mark Office, U.S. Dep<br>D TO: Commissioner | d by the USPTO to processing gathering, preparing, and me you require to complete artment of Commerce, P.O for Patents, P.O. Box 1450 number. |
|                                                                                                                                        |                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                         |                                                                                                   |                                                                                                                                               |



### UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.usplo.gov

| APPLICATION NO.             | FILING DATE       | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.            | CONFIRMATION NO. |  |
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| 10/520,509                  | 03/21/2005        | Kaj Christensen      | 66905-022-7                    | 5474             |  |
| 25269                       | 7590 12/12/2007   |                      | EXAMINER                       |                  |  |
|                             | SSETT PLLC        | ABBOTT, YVONNE RENEE |                                |                  |  |
|                             | UARE, THIRD FLOOR | ART UNIT             | PAPER NUMBER                   |                  |  |
| 1300 I STREET<br>WASHINGTON | , NW              |                      | 3644<br>DATE MAILED: 12/12/200 | 7                |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 222 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 222 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.